Osteochondromatosis

A 8-year-old patient with hereditary osteochondromatosis inherited from his father presented paraparesis in the left foot, leading to complete paralysis in both legs.

In a CT scan, a bony tumor rising from the posterior wall of the T3 body narrowing the spinal canal, and the MRI spinal cord compression at the same level and the hydrosyringomyelic cavity extended to the conus medullaris; with an anterior thoracic approach to T2-T4, the fibro-cartilaginous tumor was removed, and the stabilization was completed with bone graft and a plate. Two months after surgery, the patient recovered strength in both legs.

A detailed family history through examination-guided advanced imaging and biopsy provides useful information for diagnosis and appropriate management of occupative lesions in patients affected with multiple hereditary exostosis [1].

1)
García-González O, Mireles-Cano JN, Sánchez-Zavala N, Chagolla-Santillan MA, Orozco-Ramirez SM, Silva-Cerecedo P, Murguia-Perez M, Rueda-Franco F. Multiple hereditary osteochondromatosis with spinal cord compression: case report. Childs Nerv Syst. 2017 Nov 11. doi: 10.1007/s00381-017-3645-1. [Epub ahead of print] PubMed PMID: 29129004.